



Patent Docket No.: LUX-P026

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventors: Gunn, *et al.*

Attorney Docket No.: LUX-P026

Serial No.: 10/799,040

Group Art Unit: 2883

Filed: 03/11/2004

Examiner: EL Shammaa, Mary A.

5

Title: **Fiber To Chip Coupler**

Amendment

10 Mail Stop: Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

15 Sir:

In response to Official Action dated 9/23/2005, please amend this application as follows:

Amendment to Specification begins on page 2.

Amendments to Claims begins on page 3.

Remarks begin on page 11.

20 **Conclusion** begins on page 15.



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Certificate of Mailing By "U.S. Priority Mail" Under 37 C.F.R. 1.10(c)
"PRIORITY MAIL" Mailing Label Number: 7005 1160 0005 1644 2365 Date of Deposit: 12/22/2005
I hereby certify that this paper and/or fee is being deposited with the United States Postal Service "EXPRESS MAIL POST OFFICE
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Box 1450, Alexandria, VA 22313-1450.
Name: Chris Vo
[Signature] 12/22/05
Signature Date

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Gunn, et al.
Serial No.: 10/799,040
Filed: 03/11/2004
For: Fiber To Chip Coupler

Attorney Docket No.: LUX-P026
Examiner: El Shammaa, Mary A.
Art Unit: 2883

Mail Stop Amendment
Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL LETTER

Dear Sir:

1. **TRANSMITTED DOCUMENTS:** the following documents relating to the above-identified patent application are being transmitted herewith.

- X a. An Amendment for this application: 15 pages.
___ b. Substituted Formal Drawings: _____ sheets.
___ c. A Petition For Extension of Time For Response under 37 CFR 1.136(a) incorporated herein.
___ d. An Information Disclosure Statement under 37 CFR ___ 1.97(b) X 1.97(c)
X e. A stamped, self-addressed, return postcard.
___ f. A Check () for \$ ___ to cover required fees of this correspondence.

2. **APPLICANT FILING STATUS:**

- ___ a. Applicant is a Large Entity.
X b. Applicant is a Small Entity.

3. **EXTENSION OF TIME:**

- ___ a. Applicant petitions for an extension of time under 37 C.F. R. 1.136 for the total number of months checked below (fees pursuant to 37 C.F.R. 1.17(a)-(d).

<u>Extension of Time</u>	<u>Large Entity Fee</u>	<u>Small Entity Fee</u>
i. One (1) month .	___ \$ 110.00	___ \$ 55.00
ii. Two (2) month .	___ \$ 410.00	___ \$ 205.00
iii. Three (3) month .	___ \$ 930.00	___ \$ 465.00
iv. Four (4) month .	___ \$ 1,450.00	___ \$ 725.00
v. Five (5) month .	___ \$ 1,970.00	___ \$ 985.00

Extension Time Fee Total: _____.00

- X b. Applicants believe that no extension of time is required. However, this conditional petition is being made in case Applicants have inadvertently overlooked the need for a petition for extension of time.

4. FEE CALCULATION:

The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

Fee Items	Claims Remaining After Amendment	Highest Number of Claims Previously Paid	Present Extra Claims	Fee Rate	Total
a. Total Claims	39	- 39 =	0	x \$ 18.00 Large Entity x \$ 9.00 Small Entity	\$.00
b. Independent Claims	2	- 3 =	0	x \$ 84.00 Large Entity x \$ 42.00 Small Entity	\$.00
c. Multiple Dependent Claims Added By This Amendment				x 280.00 Large Entity x 140.00 Small Entity	
d. Extension of Time Fee Total, if any, from above EXTENSION OF TIME section 3a.					\$.00
e. Additional Fees Required With This Correspondence i) 1.17 (p) Fee for Information Disclosure under 1.97(c)					\$.00
e. Total Fees					\$.00

5. PAYMENT OF FEES

The full fee due in connection with this communication is provided as follows:

_____ The Commissioner is hereby authorized to charge the fees associated with this communication or credit any overpayment to **Deposit Account No: 500482**. A duplicate copy of this authorization is enclosed.

_____ A Check # _____ for \$ _____ for the above specified Total Fee is enclosed. However, should Applicants inadvertently miscalculated the required fee, the Commissioner is hereby authorized to charge the necessary additional amount associated with this communication or credit any overpayment to **Deposit Account No: 500482**.

X Applicants do not believe that any payment of fee is needed in association with this communication. However, should Applicants inadvertently miscalculated the required fee, the Commissioner is hereby authorized to charge any necessary amount associated with this communication or credit any overpayment to **Deposit Account No: 500482**.

Please direct all correspondence concerning the above-identified application to the following address:

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Respectfully submitted,



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12/22/05
Date